

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
346 East Third Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 346 East Third Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JUSTUS BYARD ATKINSON

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Annie VanFossen Atkinson
 6. (c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) September 7, 1864
 8. AGE: Years 83 Months 1 Days 6 If less than one day
hrs.min.

9. Birthplace Cecil County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Railroad Engineer
 11. Industry or business

12. Name Rawlins Atkinson
 13. Birthplace Cecil County, Maryland
 14. Maiden name Lucy C. Harrison
 15. Birthplace Cecil County, Maryland

16. Informant Mrs. Justus B. Atkinson
 Address Frederick, Maryland

17. Burial Date thereof October 15, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 13 Oct 19 47 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 19 47 at 1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 8 19 47 to Oct. 13 19 47
 and that I last saw him alive on Oct. 13 19 47

Immediate cause of death Cerebral thrombosis DURATION 6 days
 Due to

Due to Arteriosclerosis
 Other conditions Pyrexia, attack 8 yrs ago with Hemiplegia
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. A. O'Leary, M.D. M. D. or other
 Address Frederick, Md. Date signed 10/13/47

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OCT 16 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69036

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
How long in hospital or institution? Since October 24, 19472. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 306-A East Third Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

LINDA LEE BAKER

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 19478. AGE: Years Months Days If less than one day
3 22 hrs. min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Harry R. Baker
13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Viola Staley
15. Birthplace Frederick County Maryland16. Informant Harry R. Baker
Address 306-A E. 3rd St., Frederick, Md.17. Burial Date thereof 10/27/47
(Burial, cremation, or removal of remains) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 27-Oct 1947 Elizabeth G. Etchison
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1947 3:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 to Oct 25 1947
and that I last saw him alive on Oct 24 1947Immediate cause of death Aspiration Pneumonia 2 Da

DURATION

Due to

Due to

Other conditions Meningitis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Etchison M. D.Address Frederick, Maryland Date signed 10-25-47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69037

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 Years

Hospital, institution, or street address where death occurred:
Near Yellow Springs

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Yellow Springs
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GEORGIANA AMERICA BARTGIS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Melvin Mathias E. Bartgis

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1860

8. AGE: Years 87 Months 2 Days 9 It less than one day hrs. min.

9. Birthplace Highland-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name George Green
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Ann Smith
15. Birthplace Frederick County Maryland

16. Informant Mrs. Mary Burras
Address Motter Ave., Frederick, Md.

17. Burial Burial Date thereof 10/20/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pleasant Hill Cemetery
Location Near Yellow Springs, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 18 Oct 47 Elizabeth Y. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1947 at 10:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 12, 1947 to Oct 16, 1947
and that I last saw him alive on Oct 16, 1947

Immediate cause of death Cordis Vray
Aspirin Drops?
DURATION 16
6 3/4 hr

Due to Aspirin
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. High M. D.

Address Frederick, Maryland Date signed 10-17-47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, institution, or street address where death occurred:
Critchley Nursing Home
How long in hospital or institution? 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 708 N. Market St
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Laura Fritz Bayer

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Lewis Bayer
6.(c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) April 18-1855
8. AGE: Years 92 Months 6 Days 11 If less than one day hrs. min.

9. Birthplace Carroll Co., Maryland
(Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

12. Name Matthias Fritz

13. Birthplace Carroll Co. Md

14. Maiden name Julia Ann Zapp

15. Birthplace Carroll Co. Md.

16. Informant Mrs. Geo. Lewis Sr.

Address Frederick, Md

17. Burial Date thereof Oct 11/1/47
(Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Cantow

Address Frederick Md.

19. 31-Oct 1947 Elizabeth G. Herb
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1947 at 9:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1945 to Oct 29 1947

and that I last saw her alive on Oct 29 1947

Immediate cause of death Senility

Due to Cardiovascular

Renal Disease

Due to 4 years

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Zohary MD

Address Frederick Md Date signed 10-30-47

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Church Street

(If rural, give LOCATION)

No

2.(a) If veteran, name war:

3. (a) FULL NAME

Morris Alleman Birely

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Bertha Bushey Birely</u>		
6. (c) If alive, give age <u>78</u> years		
7. Birth date of deceased (mo., day, yr.) <u>September 1, 1872</u>		
8. AGE: Years <u>75</u>	Months <u>I</u>	Days <u>4</u> It less than one day hrs. min.

9. Birthplace Ladiesburg, Frederick Co., Md
(Town, county, and state)10. Usual occupation Physician11. Industry or business Medicine12. Name Samuel Birely13. Birthplace Frederick County, Md.14. Maiden name Barbara A. Kemp15. Birthplace Frederick Co., Md16. Informant Mrs. Morris A. BirelyAddress Thurmont, Md.17. Burial Date thereof Oct. 8, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director M..L. Creager & SonAddress Thurmont, Md.19. Oct. 7 19 47 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 5 - 1947, at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 5 - 1947 to Oct. 5 - 1947and that I last saw him alive on Oct. 5 - 1947Immediate cause of death Cerebral Hemorrhage

DURATION

2 1/2 hrs.

Due to

Due to

Other conditions Myocarditis Chr. mild 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James K. Gray M.D. M. D. or otherAddress Thurmont, Md. Date signed 10/7/47

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OCT 9 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
263 Dill Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 263 Dill Avenue
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

CELESTE GRACE BISER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Irving S. Biser6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) April 11, 1876

8. AGE: Years 71 Months 5 Days 23 If less than one day
hrs.min.

9. Birthplace Pleasant Hill-Frederick-Maryland
 (Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Joseph D. Stone13. Birthplace Frederick County Maryland14. Maiden name Harriett E. McDevitt15. Birthplace Frederick County Maryland16. Informant Irving S. BiserAddress 263 Dill Ave., Frederick, Md.17. Burial Date thereof 10/7/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryFrederick, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 6 Oct 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th, 1947, at 9:30P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 3d, 1946, to October 4th, 1947,and that I last saw her alive on October 4th, 1947.

Immediate cause of death

Carcinoma DURATION Uncer-General Metastasis tainOrigin undetermined.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.Address Frederick, Maryland Date signed 10-6-47

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OCT 8 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
City or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Lewistown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Eli David Bowers

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Lillie Belle Bowers

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) February 26, 1862

8. AGE: Years 85 Months 8 Days 2 If less than one day
hrs. min.

9. Birthplace Lewistown, Frederick Co., Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Carpenter

12. Name Jonathan Bowers

13. Birthplace Lewistown. Md

14. Maiden name Julian Ambrose

15. Birthplace Frederick County, Md.

16. Informant Sherman P. Bowers

Address N. Market St., Frederick, Md.

17. Burial Date thereof Oct. 31, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Prospect

Location Lewistown, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Oct 31 1947 Blanche J. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1947 at 3:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1947 to October 28 1947
and that I last saw him alive on October 28 1947

Immediate cause of death Cerebral hemorrhage DURATION 1 week

Due to Hypertension ?
Arteriosclerosis ?

Due to

Other conditions Myocarditis, chronic ?

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op:

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

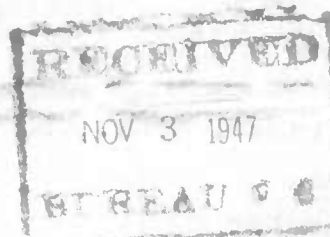
23. SIGNATURE M. Franklin Birch M. D. or other

Address Thurmont, Md. Date signed Oct 30, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09042

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred
Frederick Memorial Hospital
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Middletown - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Nellie Mary Bowles

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband Ralph H. Bowles
 7. Birth date of deceased (mo., day, yr.) June 10, 1901 6. (c) If alive, give age 50 years
 8. AGE: Years 46 Months 4 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Boonsboro Wash. Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Harry Lapale
 13. Birthplace Boonsboro Md.
 MOTHER 14. Maiden name Margie E. Moore
 15. Birthplace Marysville Md.
 16. Informant Ralph Bowles
 Address Middletown Md.

17. Burial Date thereof Oct. 28, 1947
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematory Lutheran Cemetery
 Location Middletown, Md.

18. Funeral director Gladhill Co.
 Address Middletown, Md.

19. 27 Oct 19 47 Elizabeth S. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 19 47 at 4:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/16/47 to Oct 26 19 47
 and that I last saw her alive on Oct 26 19 47

Immediate cause of death _____ DURATION _____

Pulmonary Embolism
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations Thyroidal Hernia
Hernia Date of op. Oct 17-47

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'c place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE SP Johnson M. D. or other _____
 Address Frederick Md. Date signed Oct 27-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 141

1. PLACE OF DEATH:

County Fredenick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5.5 yrs
Hospital, institution, or street address where death occurred:
309 A St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredenick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 309 A St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Charles Baker Bratt

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Elizabeth Ellen Logan
6. (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) Oct 7th 1872
8. AGE: Years 75 Months 10 Days 10 If less than one day
hrs. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual occupation B.O.P. related Machinist
11. Industry or business Shop.

MOTHER FATHER
12. Name Samuel J. Bratt
13. Birthplace West Virginia
14. Maiden name Mary E. Brantner
15. Birthplace West Virginia

16. Informant Mrs. Elizabeth E. Bratt
Address Brunswick Md.

17. Burial Date thereof Oct 20 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick Md.

18. Funeral director S. H. Futz + Bros
Address Brunswick Md.

19. Oct 18 19 47 Kathryn H. Brown
(Date rec'd by registrar) (month) (day) (year) (Name) (Address) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 19 47 at 10:45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 19 42 to Oct 17 19 47
and that I last saw him alive on Oct 15 19 47

Immediate cause of death Myocardial Infarction
Arteriosclerosis (chronic)

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Address Brunswick Md. Date signed 10/18/47

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 22 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

69644

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 4/22/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 4/22/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County **Carroll**
 City or town **Sykesville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frederick W. Burriss

3. (b) Social Security Number

None

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of ~~husband~~ wife **Rose Burriss**
 6. (c) If alive, give age **34** years

7. Birth date of deceased (mo., day, yr.) **January 1, 1910**

8. AGE: Years **37** Months **9** Days **29** It less than one day _____ hrs. _____ min.

9. Birthplace **Montgomery County, Md.**
 (Town, county, and state)

10. Usual occupation **Hospital Attendant**

11. Industry or business

12. Name **William H. Burriss**

13. Birthplace **Frederick County, Md.**

14. Maiden name **Annie Johnson**

15. Birthplace **Virginia**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **Nov 1, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mt. Olivet Cemetery**

Location **Frederick, Md.**

18. Funeral director **M. R. Etchison & Son**

Address **Frederick, Md.**

19. **Oct. 30** 19 **47**
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 30** 19 **47** at **7:45A** m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 22** 19 **46** to **Oct. 30** 19 **47**
 and that I last saw him alive on **October 30** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **61 Mos.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **P. W. Beeri** M. D. **X**

Address **State Sanatorium, Md.** Date signed **10/30/47**

RECEIVED

NOV 4 1947

BUREAU V M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09045

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County MontgomeryCity or town Washington Grove
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Chadwick Mrs. George

3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Asenath G. Chadwick

7. Birth date of deceased (mo., day, yr.)

Mar 15 - 1881

6. (c) If alive, give age _____ years

8. AGE:

Years 66 Months 6 Days 14 It less than one day _____ hrs. _____ min.

9. Birthplace

M. J.
(Town, county, and state)

10. Usual occupation

State President Pickers

11. Industry or business

Retired - 7 yrs -

FATHER

12. Name Albert L. Chadwick

13. Birthplace

Pa.

MOTHER

14. Maiden name Anna Parker

15. Birthplace

W. England

16. Informant

Mrs. Asenath Chadwick

Address

Washington Grove Md

17. (Burial, cremation, or removal, which?)

Buried

Cemetery or crematory

Mountain Cemetery

Location

Fredrick, Md

18. Funeral director

J. P. Hackett

Address

Fredrick, Md

1. Oct 19 47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 19 47 at 10 45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 24 19 47 to Oct. 1 19 47and that I last saw him alive on Oct. 1 19 47

Immediate cause of death

Acute Infective
Pneumonia

Due to

Due to

Other conditions

Acute Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

none

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, pub'c place (where?)

Means of injury

23. SIGNATURE

A. A. Owen M.D.
Fredrick, Md.

M. D. or other

Address _____ Date signed 10/1/47

RECEIVED

OCT 4 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09046

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/23/47
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/23/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Anne Arundel
 City or town..... Annapolis
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 42 Randall St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME
 Lawrence Chapman Collins

3. (b) Social Security Number
 214-05-0046

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary E. Collins

7. Birth date of deceased (mo., day, yr.) October 21, 1911 6. (c) If alive, give age 26 years

8. AGE: Years 35 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace Annapolis, Maryland
 (Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name James M. Collins

13. Birthplace Annapolis, Maryland

14. Maiden name Grace W. White

15. Birthplace Ballston, Virginia

16. Informant Deceased

Address

17. Removal Date thereof (month) (day) (year)
 (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location Annapolis, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. Oct. 15 19 47 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 19 47 at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19 47 to Oct. 15 19 47 and that I last saw him alive on October 15 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 10 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Green M. D. or not

Address State Sanatorium, Md. Date signed 10/15/47

RECEIVED
OCT 17 1947
BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Years
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? Since September 12, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 906 Motter Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

REV. JAMES PERRY DANIEL

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Carrie Bickel Cratzer
 6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) December 1, 1871
 8. AGE: Years 75 Months 10 Days 8 If less than one day
 hrs. min.

9. Birthplace Sao Paulo, Brazil
 (Town, county, and state)
 10. Usual occupation Retired Minister

11. Industry or business
 FATHER 12. Name Joseph Daniel
 13. Birthplace Alabama

MOTHER 14. Maiden name Ann Hasseltine Harrison
 15. Birthplace Alabama

16. Informant Mrs. James P. Daniel
 Address 906 Motter Ave., Frederick, Md.

17. Burial 10/11/47
 (Burial, cremation or removal, which?) (month) (day) (year)
 Cemetery or crematory East Harrisburg Cemetery
 Location Harrisburg, Pennsylvania
M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 9-Oct 47 Elizabeth G. Hach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 19 47 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12 19 47 to Oct. 9 19 47
 and that I last saw him alive on Oct. 8 19 47

Immediate cause of death Lymphatic Leukemia DURATION 2 mo +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

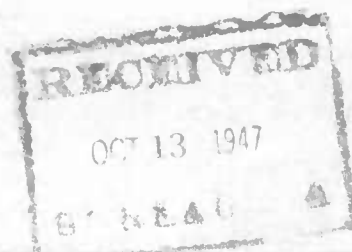
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thomas M. D.
 M. D. or other

Address Frederick, Maryland Date signed 10-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09048

93d

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

10 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Frederick Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

LOUIS STANLEY CALVIN DARNER

3. (b) Social Security Number

213-01-8991

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mary Elizabeth Roelke

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) September 25, 1888

8. AGE: Years 59 Months 0 Days 8 If less than one day
 hrs. min.

9. Birthplace Jefferson-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Insurance Agent

11. Industry or business

12. Name George F. Darner

13. Birthplace Frederick County Maryland

14. Maiden name Carrie E. Shaff

15. Birthplace Frederick County Maryland

16. Informant Mrs. Elizabeth Darner

Address Frederick Ave., Frederick, Md.

17. Burial 10/5/47

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 4 Oct 47 Elizabeth H. Heck

(Date Rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd, 1947 at 12:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1944 to Oct 3- 1947

and that I last saw him alive on Oct 2 1947

Immediate cause of death.....

DURATION

Coronary Thrombosis 10 min

Due to Chl Myocarditis 3 years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Johnson M. D.

Address Frederick, Maryland Date signed 10-4-47

RECEIVED

OCT 8 1947

BUREAU P. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09049

131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation or removal, whichever)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 47

Elizabeth B. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED
OCT 16 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09050

159

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Day
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Harmony Grove
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Thomas Granville Dutrow

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife
6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 15, 1947

8. AGE: Years 0 Months 0 Days 0 If less than one day 6 hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
Infant

10. Usual occupation _____

11. Industry or business

FATHER 12. Name Nevin Asper Dutrow
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Ellen Brothers
15. Birthplace Carroll County Maryland

16. Informant Mrs. Nevin A. Dutrow
Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 10/16/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 16 Oct 19 47 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1947 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 47 to Oct 15 47 and that I last saw him alive on Oct. 15 47

Immediate cause of death Stillborn; premature infant (7 months)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Ash M. D.

Address Frederick, Maryland Date signed 10-16-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 18 1947

BUREAU 98

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

09051

137

Reg. Dist. No.

1. PLACE OF DEATH: County..... <u>Fredrick</u> City or town..... <u>New Windsor Rural</u> (If outside city or town limits write RURAL and give nearest town) How long in above place of death?..... <u>Same Creek</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Fredrick</u> City or town..... <u>New Windsor Rural</u> (If outside city or town limits write RURAL and give nearest town) Street No..... <u>Sam's Creek</u> (If rural, give LOCATION) 2(a) If veteran, name war.....			
3. (a) FULL NAME <u>Annie Ray Ecker</u>				3 (b) Social Security Number <u>None</u>			
4. Sex <u>Female</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Emory Ecker</u>				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>Dec. 14, 1889</u>				8. AGE: Years <u>57</u> Months <u>10</u> Days <u>15</u> It less than one day _____ hrs. _____ min.			
9. Birthplace <u>Fredrick County, Md.</u> (Town, county, and state)				10. Usual occupation <u>Housewife</u>			
11. Industry or business				12. Name <u>Samuel Hoyle</u>			
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Cecilia Horton</u>			
15. Birthplace <u>Maryland</u>				16. Informant <u>Emory Ecker</u>			
Address <u>New Windsor, R. 1, Md.</u>				17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof..... <u>Oct 31 - 47</u> (month) (day) (year)			
Cemetery or crematory <u>Bethel Cemetery</u>				Location <u>Sam's Creek, Maryland</u>			
18. Funeral director <u>D. H. Hatcher & Sons</u> <u>Union Budget New Windsor, Md</u>				19. (Date rec'd by registrar) <u>Nov. 5</u> 19 <u>47</u> <u>Orla V. Connerman</u> Registrar			

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>Oct 29</u> 19 <u>47</u> at <u>1:45 A.M.</u>	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Oct 26</u> 19 <u>47</u> to <u>Oct 28</u> 19 <u>47</u> and that I last saw him alive on <u>Oct 28</u> 19 <u>47</u> Immediate cause of death..... <u>Cerebral Hemorrhage</u>
Due to _____	DURATION _____
Due to _____	Other conditions _____
(Include pregnancy within 3 months of death)	
Major findings of operations	Date of op.
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
23. SIGNATURE <u>J. H. Leary</u> M. D. or other Address..... <u>Union Branch</u> Date signed <u>10-30-47</u>	

RECEIVED
NOV 7 1947
BUREAU OF
NAVY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09052

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
33 East South Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 33 East South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Edith Welch Fox

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife Harry Fox
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) January 18-1890
 8. AGE: Years 57 Months 8 Days 19 It less than one day hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business Home
 12. Name John S. Umberger
 13. Birthplace Frederick County Md.
 14. Maiden name Sarah C. Shipley
 15. Birthplace Missouri

16. Informant Edward H. Fox
 Address Frederick, Md.
 17. Burial Date thereof Oct. 10-47
 (Burial, cremation, or removal. When?) (month) (day) (year)
 Cemetery or crematory Pleasant Hill Cemetery
Monrovia, Maryland
 Location
 18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland
 19. 9-Oct 19 47 Elizabeth G. Hach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 19 47 at 4:30 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 4th 19 47 to October 7th 19 47
 and that I last saw her alive on October 7th (a) 19 47
 Immediate cause of death Disease of the Lymphatic Glands, or Addison Disease. DURATION 54m
 Prior treatment for several years at Johns Hopkins Hospital
 Other conditions Syphilis - Cardiac 3 days
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide None Date of None
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. W. G. Brown Sr. M. D. or other
Frederick, Md. Address Date signed 10/8/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 13 1947

BY HEAD U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

09053

131

Reg. Dist. No.

1. PLACE OF DEATH:

County..... *Frederick*
 City or town..... *Frederick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... *62 years*
 Hospital, institution, or street address where death occurred:
43 East 5th St
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *MD* County..... *Frederick*
 City or town..... *Frederick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... *43 East 5th St.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... *none*

3. (a) FULL NAME

Walter Leslie Fox

3. (b) Social Security Number

none

4. Sex..... *male* 5. Color or race..... *white* 6.(a) Single, married, widowed, or divorced..... *married*
 6.(b) Name of husband or wife..... *Mary Hilbert Fox*
 6.(c) If alive, give age..... *64* years
 7. Birth date of deceased (mo., day, yr.)..... *April 12 1885*
 8. AGE: Years..... *62* Months..... *5* Days..... *22* If less than one day..... hrs. min.

9. Birthplace..... *Frederick, Frederick, Md*
(Town, county, and state)10. Usual occupation..... *laborer*

11. Industry or business.....

12. Name..... *Charles E. Fox*13. Birthplace..... *Frederick, Co*14. Maiden name..... *Frances Whipp*15. Birthplace..... *Washington, D.C*16. Informant..... *Mary Hilbert Fox*Address..... *43 E. 5th Frederick Md*17. *Burial* Date thereof..... *Oct 7 1947*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium..... *Brook Hill*Location..... *Yellow Springs, Md*18. Funeral director..... *Harry E. Canty Co*Address..... *Frederick, Md.*19. *7 - Oct* 19*47* *Elizabeth L. Heck*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Oct 4* 19*47* at *2 P* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 26th 19*40* to *Oct 4* 19*47*and that I last saw him alive on *Oct 3rd* 19*47*Immediate cause of death..... *Coronal apoplexy*Due to..... *arterio-sclerosis* *and* *Hypotension*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... *U. S. Bourne Sr* M. D. or otherAddress..... *Frederick, Md* Date signed *10/6/47*

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OCT 8 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

09054

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:
Carroll St.,
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Carroll Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3.(a) FULL NAME

Lucy Ann Fraley

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
Female	White	Married	
6.(b) Name of husband or wife		6.(c) If alive, give age	
James Baker Fraley		60	
7. Birth date of deceased (mo., day, yr.)			
February 22, 1892			
8. AGE:	Years	Months	Days
	54	7	26
It less than one day			
.....hrs.min.			

9. Birthplace Detour, Frederick Co., Md
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business

FATHER	12. Name	Robert S. Speilman
	13. Birthplace	Detour, Md.
	14. Maiden name	Annie Eyler
MOTHER	15. Birthplace	Detour, Md.

16. Informant Mr. J. Baker Fraley.
 Address Thurmont, Md.

17. Burial Date thereof Oct. 20, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory United Brethern
Thurmont, Md.
 Location

18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. Oct. 20 19 47 Blanche S. Eyler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 18, 1947 at 2:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 9 19 46 to October 18 19 47
 and that I last saw him alive on October 17 19 47

Immediate cause of death Cerebral hemorrhage
 DURATION 4 days

Due to Hypertension
arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE M. Fraley Bird Mr

M. D. or other

Address Thurmont Md. Date signed Oct. 20, 47

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OCT 22 1947

OFFICE OF THE DIRECTOR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09055

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
D. A.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 101 Council Street

(If rural, give LOCATION)

2. (a) If veteran, name war World War I and II

3. (a) FULL NAME

STALEY HELFENSTEIN GAMBRILL

3. (b) Social Security Number

215-14-6746

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Wanetta Molander6. (c) If alive, give age 45 years7. Birth date of deceased (mo., day, yr.) August 16, 1895

8. AGE: Years 52 Months 1 Days 16 It less than one day
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Assistant Manager11. Industry or business G L Baking Company12. Name Cornelius Staley Gambrill13. Birthplace Frederick County Maryland14. Maiden name Anne Helfenstein15. Birthplace Frederick County Maryland16. Informant Mrs. Wanetta GambrillAddress 101 Council St., Frederick, Md.

17. Burial Date thereof 10/6/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory National CemeteryLocation Arlington, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 4 Oct 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1947 at 2:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7 January 1947 to 2 Oct. 1947
 and that I last saw him alive on 2 October 1947

Immediate cause of death

Coronary Thrombosis

DURATION

7 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley M. D.
 or other

Address Frederick, Maryland Date signed 10-3-47

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OCT 7 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C9056

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Wilbert Andrew Garrison

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Mary Cornelia Wissler
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 15, 1859
 8. AGE: Years 87 Months 11 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Deerfield, N. J.
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Teacher
 12. Name Andrew H. Garrison
 13. Birthplace Unknown
 14. Maiden name Phoebe S. Shimp
 15. Birthplace Unknown

16. Informant Miss Jessie Wissler
 Address Thurmont, Md.

17. Burial Burial Date thereof Oct. 4, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory United Brethern
Thurmont, Md.
 Location _____

18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. Oct. 4 1947 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1947 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3, 1947 to October 1, 1947
 and that I last saw him alive on October 1, 1947

Immediate cause of death Angina pectoris DURATION 11 yrs.

Due to _____

Due to _____

Other conditions Chronic myocarditis
arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results not done Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Birch M. D. or other _____
Thurmont Md. Date signed Oct. 3, 1947

MARGIN RESERVED FOR BINDING

VS A15

9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 8 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09057

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 Years

Hospital, institution, or street address where death occurred:

Blue Ridge Lines Bus Terminal

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 202 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

REMY GIBO

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Emelie Ditner

7. Birth date of

deceased (mo., day, yr.)

October 1, 1871

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

76

0

30

.....hrs.

.....min.

9. Birthplace

Fourlz, France

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Textile Mills

FATHER

12. Name

August Gibo

13. Birthplace

France

MOTHER

14. Maiden name

Clementine Miller

15. Birthplace

France

16. Informant

Rene X. Gibo

Address

202 E. Church St., Frederick, Md

17. Removal

(burial, cremation, or removal. Which?)

Date thereof

11/2/47

(month) (day) (year)

Cemetery or crematory

Seymour, Indiana

Location

M. R. Etchison and Son

Address

Frederick, Maryland

19.

(Date rec'd by registrar)

19 47

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 31st 19 47 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 31 dead 19 47 to 19 47
and that I last saw him alive on Oct 31 19 47

Immediate cause of death

coronary occlusion

DURATION

5 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

DR. P. W. BAER

DEPUTY MEDICAL EXAMINER

Deputy Medical

Examiner

23. SIGNATURE.....

M. D. or other

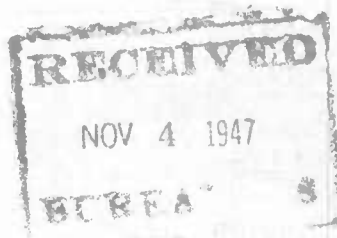
Address Frederick, Maryland Date signed 11-1-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09058

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)

State Maryland County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

JAMES CLEMMENT GREENLAY

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or wife Eunice Boullet
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) August 23, 1861
8. AGE: Years 86 Months 2 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Canada
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

12. Name John W. Greenlay
13. Birthplace England
14. Maiden name Sarah K. Fraser
15. Birthplace Ireland

16. Informant Miss Jessie H. Greenlay
Address Jefferson, Maryland

17. Removal Removal Date thereof 10/28/47
(Month) (day) (year)
Cemetery or crematory Haverhill, Mass.
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 28-Oct 1947 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 19 47 at 8:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 47 to Oct 27 19 47
and that I last saw him alive on Oct 26 19 47

Immediate cause of death Coronary Occlusion
DURATION 4-5 hrs

Due to Coronary Sclerosis 8 yrs

Due to Senility

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Prince M. D.
Address Jefferson Date signed 10/27/47

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 30 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

09059

128

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 West South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARTHA JANE HALL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or

Henry Hall6. (c) If alive, give age 75 years

7. Birth date of

deceased (mo., day, yr.)

April 17, 1875

8. AGE:

Years

Months

Days

If less than one day

72613

hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER Alfred Harper12. Name Frederick County Maryland13. Birthplace Julia (last name unknown)14. Maiden name Frederick County Maryland15. Birthplace Charles Ambush16. Informant Lime Kiln, Maryland

Address

11. Burial

(Burial, cremation, or removal, which?)

Date thereof 11/3/47

(month) (day) (year)

Cemetery or crematory Colored CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Nov 19 47

(Date rec'd by registrar)

Elizabeth H. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30th 19 47 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 28 19 47 to Oct. 30 19 47and that I last saw her alive on Oct. 30 19 47

Immediate cause of death

Acute Pancreatitis

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bernard Munro

M. D.

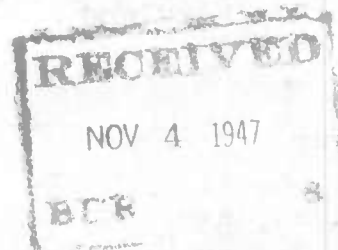
M. D. or other

Address Frederick, Maryland Date signed 11-1-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I understand age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09060

Reg. Dist. No. 134

1. PLACE OF DEATH:

County..... **Fredrick**
 City or town..... **Emmitsburg, Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **64 years**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Fredrick**
 City or town..... **Emmitsburg.**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Murray Scott Hardman

3. (b) Social Security Number

none

4. Sex..... **m** 5. Color or race..... **white** 6.(a) Single, married, widowed, or divorced..... **married**
 6.(b) Name of husband or wife..... **Alma Sites Hardman**
 6.(c) If alive, give age..... **66 years**
 7. Birth date of deceased (mo., day, yr.)..... **August 31, 1883**
 8. AGE: Years..... **64** Months..... **1** Days..... **22** If less than one day..... hrs. min.

9. Birthplace..... **Fredrick Co., Md.**
 (Town, county, and state)
 10. Usual occupation..... **Interior Decorator**
 11. Industry or business.....
 12. Name..... **Harry Hardman**
 13. Birthplace..... **Fredrick Co., Md.**
 14. Maiden name..... **Elvira Six**
 15. Birthplace..... **Fredrick Co., Md.**
 16. Informant..... **Alma H. G. Hardman**
 Address..... **Emmitsburg, Md.**

17. **burial** Date thereof..... **October 25, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Mountain View Cemetery**
 Location..... **Emmitsburg, Md.**
 18. Funeral director..... **A. L. Allison**
 Address..... **Emmitsburg, Md.**

19. **Oct-24-47** 19 **47** **M. F. Shuff**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **Oct. 23 1947** at **3:30** A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **1940** to **Oct 23 1947**
 and that I last saw deceased alive on **Oct 22 1947**
 Immediate cause of death..... **coronary occlusion** DURATION..... **6 hours**
 Due to..... **arteriosclerosis** **several**
cardiovascular disease **years**
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... **W. R. Call** M.D.
Emmitsburg, Md. M. D. or other
 Address..... Date signed..... **10-23-47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09061

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 da.Hospital, institution, or street address where death occurred:
Frederick Memorial Hosp.How long in hospital or institution? 1 da.

3. (a) FULL NAME

Lionel E. Harrel4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced —6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) Oct 20, 1947 6. (c) If alive, give age — years8. AGE: Years 0 Months 0 Days 4 If less than one day — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation —11. Industry or business —12. Name Charles Harrel13. Birthplace md.14. Maiden name Eva M. Tressel15. Birthplace md.16. Informant Frederick Memorial Hosp.Address Frederick Md.17. Burial Date thereof 10/25/47
(Usual cremation or removal, which) (month) (day) (year)Cemetery or crematory —Location Bethesda Md.18. Funeral director Wm R. DunphyAddress Bethesda Md.19. 25 Oct 19 47 Elizabeth G. Heek
(Date rec'd by registrar) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)Street No. Sherman Ave. B. 7 D. 2
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 19 47 at 7:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 19 47 to Oct 25 19 47and that I last saw him alive on Oct 25 19 47Immediate cause of death — DURATION 4 daysLeucoplakiaDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

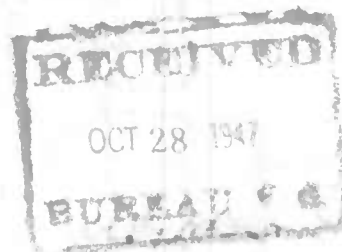
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?23. SIGNATURE EP Thomas M. D. or otherAddress Frederick Md. Date signed Oct 26 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick R.R. #5
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

four days

3. (a) FULL NAME

Grant Hawes

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary V. Frye

7. Birth date of deceased (mo., day, yr.)

1865 - Urbum

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

82

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Labor R.R.

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial
(Burial, cremation, or removal, which)

Date thereof

Oct. 19 1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

17 Oct
(Date rec'd by registrar)

19

47Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 19 47, at 2 48 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 46, to Oct 17 19 47and that I last saw him alive on Oct 17 19 47

Immediate cause of death

Myeloid Leukemia

DURATION

3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Bernard O. Thomas Jr. M.D.
Frederick, MD
Date signed 10/17/47

RECEIVED

OCT 20 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C9063

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/18/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/18/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 516 Virginia Ave.
 (If rural, give LOCATION)
 2.(a) if veteran, name war

3. (a) FULL NAME

James Hensell

3. (b) Social Security Number

220-07-6912

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife

6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) January 1, 1878

8. AGE: Years 69 Months 9 Day 29 If less than one day
 hrs. min.

9. Birthplace Frostburg, Md.
 (Town, county, and state)

10. Usual occupation Cook

11. Industry or business

12. Name Cyrus P. Hensell

13. Birthplace Myersdale, Pa.

14. Maiden name Anne E. Thomas

15. Birthplace Allegany Co., Md.

16. Informant Deceased

Address

17. Burial Date thereof Nov. 2, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Allegany Cemetery

Location Frostburg, Md.

18. Funeral director John J. Hafer

Address 230 Baltimore Ave., Cumberland, Md.

19. 11/1 47 OK
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 19 47 at 4:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 18 19 47 to Oct. 30 19 47
 and that I last saw him in alive on October 30 19 47

Immediate cause of death Carcinoma of the left lung

DURATION
7 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

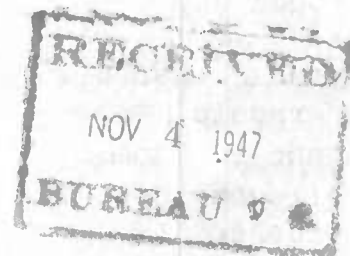
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Beem

M. D. XXX

Address State Sanatorium, Md. Date signed 11/1/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09064

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

LUCY BELL HIMES

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) ~~Single, married, widowed, or divorced~~ M

6. (b) Name of husband or Albert H. Himes

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 30, 1885

8. AGE: Years 62 Months 9 Days 5 It less than one day _____ hrs. _____ min.

9. Birthplace Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Charles Corun
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Darner
15. Birthplace Frederick County Maryland

16. Informant Albert H. Himes
Address Jefferson, Maryland

17. Burial Date thereof 10/7/47
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Reformed Cemetery
Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 6 Oct 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 19 47, at 2:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 19 47, to Oct 5 19 47, and that I last saw him alive on Oct 4 19 47

Immediate cause of death Cerebral hemorrhage DURATION 2 Days

Due to Typhus +
Shistosomiasis

Due to _____
Other conditions Myocarditis 5 yrs
Chronic
(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. J. R. Fine M. D.
M. D. or other _____
Address Frederick, Maryland Date signed 10-6-47

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 8 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09065

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

25 West Fifth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 25 West Fifth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

PANSY REBECCA JONES

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Charles E. Jones6. (c) If alive, give age 76 years7. Birth date of deceased (mo., day, yr.) July 27, 18888. AGE: Years 59 Months 2 Days 10 If less than one day
..... hrs. min.9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James White
13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Margaret Brady
15. Birthplace Frederick County Maryland16. Informant Mr. Charles E. Jones
Address 25 W. 5th St., Frederick, Md.17. Burial 10/10/47
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 8 Oct 1947 Elizabeth L. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1947 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 21 1947 to Oct 7 1947
and that I last saw him alive on Oct 20 1947

Immediate cause of death

Cornary Thrombosis DURATION 48 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank H. Hedger M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-8-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 9 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09066

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 15 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
MAMIE E. NICODEMUS KINDLEY

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or William E. Kindley
6. (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) December 29, 1867
8. AGE: Years 79 Months 9 Days 6 If less than one day
..... hrs. min.

9. Birthplace Buckeystown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name A. W. Nicodemus

13. Birthplace Carroll County, Md.

14. Maiden name Barbara Fulton

15. Birthplace Woodsboro, Maryland

16. Informant Mr. William E. Kindley

Address Frederick, Maryland

17. Burial Date thereof October 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~cemetery~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 6 Oct 1947 Elizabeth G. Heach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1947 at 10:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1946 to Oct 5 1947
and that I last saw him alive on Oct 5 1947

Immediate cause of death

Cerebral thrombosis DURATION 2 weeks

Due to

Due to Arteriosclerosis 1 yr.

Other conditions Smoking

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. O'Connell M.D. M. D. or other

Address Frederick, Md. Date signed 10/6/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 7 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09067

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

20 West C. St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 20 West C. St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bessie Mae Lake

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

E. J. Lake6.(c) If alive, give age 63 years

7. Birth date of

deceased (mo., day, yr.)

Jan 25 1888

8. AGE:

Years

Months

Days

If less than one day

59828

hrs.

min.

9. Birthplace

Virginia
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

James M. Lake

13. Birthplace

Virginia

MOTHER

14. Maiden name

Anna E. Duncan

15. Birthplace

G. Page Co. Va.

16. Informant

G. J. Lake

Address

Brunswick, Md.

17. (Burial, cremation, or removal, Which?)

BurialDate thereof Oct 25 - 47

Cemetery or crematory

Rivers View Funeral Co.

Location

Strasburg Virginia

18. Funeral director

C. A. Felt + Son

Address

Brunswick, Maryland

19. (Date rec'd by registrar)

Oct 23 47Kathryn H. BrownRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 19 47 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1 1947 to Oct. 23 1947and that I last saw him on Oct. 22 1947Immediate cause of death Arteriosclerosis

DURATION

Due to Primary carcinoma ofthe intestine.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Brunswick, Md.Date signed Oct 23 1947

RECEIVED

OCT 27 1947

BUREAU • 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

09068

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County Frederick
 City or town Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Charles W Lantz

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced MARRIED

6. (b) Name of husband or wife MAY BROWN

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) JUNE 26, 1874

8. AGE: Years 72 Months 3 Days 8 If less than one day
 hrs. min.

9. Birthplace Lantz - Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business FARMER

12. Name CYRUS LANTZ

13. Birthplace LANTZ, Md.

14. Maiden name EMMA JANE FYLER

15. Birthplace LANTZ, Md.

16. Informant MRS CHARLES LANTZ

Address Lantz, Md.

17. Burial Burial Date, thereof Oct 6, 1947
 (Burial, cremation, or removal. Write in month) (day) (year)

Cemetery or crematory Blue Ridge

Location Thurmont, Md.

18. Funeral director M. C. CRAIGER & SON

Address Thurmont, Md.

19. 4 Oct 19 47 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 19 47 at 12:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30 19 47 to Oct. 4 19 47

and that I last saw him alive on Oct. 4 19 47

Immediate cause of death Acute Coronary Thrombosis

Due to Acute Coronary Thrombosis

Due to Arteriosclerosis

Other conditions Cerebral Hemorrhage 5 days
Diphtheria Mellitum
 (Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

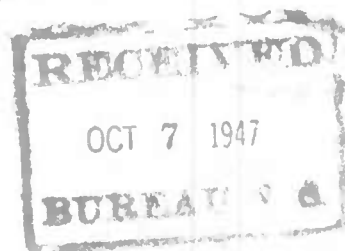
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. G. Owen, M.D.

Address Frederick, Md. Date signed 10/4/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09069

132

1. PLACE OF DEATH:

County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Frank Ridgley Lighter

3. (b) Social Security Number

no

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edith B. Lighter

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1986

8. AGE: Years 60 Months 10 Days 27 If less than one day
hrs. min.

9. Birthplace Middletown, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Printer

11. Industry or business

12. Name Daniel J. Lighter

13. Birthplace Middletown, Md.

14. Maiden name Mary Kennedy

15. Birthplace Middletown, Md.

16. Informant Edith B. Lighter

Address Middletown, Md.

17. Burial Date thereof 10-30-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown - Md.

18. Funeral director Blakely Co.

Address Middletown, Md.

19. Oct 30 19 47 Marie Blakely
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 19 47 at 6:45 p

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 47 to Oct 27 19 47

and that I last saw him alive on Oct 26 19 47

Immediate cause of death

Due to Carcinoma colon

Due to Liver

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma colon & Liver

Date of op. Oct 8 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.E. Harp M. D. or other

Address Middletown Date signed 10-28-47

MARGIN RESERVED FOR BINDING

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9-45-154

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 13 1917

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940a

09070

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 Years
 Hospital, institution, or street address where death occurred:
Ballenger Creek Road
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Ballenger Creek Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....
None

3. (a) FULL NAME

ALICE EMMA MacKENZIE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or William B. MacKenzie
 6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 4, 1875

8. AGE: Years 72 Months 4 Days 16 If less than one day
hrs.min.

9. Birthplace Rohersville-Washington-Maryland
 (Town, county, and state)
At Home

10. Usual occupation.....

11. Industry or business

12. Name Edward Norris

13. Birthplace Washington County Maryland

14. Maiden name Ella Gloss

15. Birthplace Washington County Maryland

16. Informant Mrs. Robert Luhn

Address R. F. D. #4, Frederick, Maryland

Burial Date thereof 10/23/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or United Brethren Cemetery

Location Rohersville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 21 Oct 19 47 Elizabeth L. Etchison
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20th 19 47 at 7:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10-20 19 47 to 10-20 19 47
 and that I last saw him/her alive on 10-20 19 47

Immediate cause of death Coronary Occlusion DURATION 1 hr.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Bourne Jr M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-21-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 940

C907139

1. PLACE OF DEATH County..... <u>Frederick</u> City or town..... <u>Sabillasville</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?.....		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Sabillasville</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2(a) If veteran, name war..... <u>Second World War.</u>	
--	--	---	--

3. (a) FULL NAME <u>Lee-Roy McKissick</u>	3. (b) Social Security Number <u>no</u>
---	---

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.) <u>July 8, 1908</u>		
8. AGE:	Years <u>39</u>	Months <u>3</u>
	Days <u>14</u>	If less than one day hrs. min.

9. Birthplace..... <u>Sabillasville, Frederick Co. Md.</u> (Town, county, and state)
10. Usual occupation..... <u>Painter</u>

11. Industry or business	12. Name..... <u>James S. McKissick</u>
	13. Birthplace..... <u>Eyler's Valley, Md.</u>
	14. Maiden name..... <u>Katherine E. McClain</u>
	15. Birthplace..... <u>Eyler's Valley, Md.</u>

16. Informant..... <u>Mrs. Guy Kipe</u>
Address..... <u>Sabillasville, Md.</u>

17. (Burial, cremation, or removal. Which?)	Date thereof..... <u>Oct. 26, 1947</u> (month) (day) (year)
Cemetery or crematory..... <u>Blue Ridge Cemetery</u>	
Location..... <u>Thurmont, Md.</u>	

18. Funeral director..... <u>M. L. Creager & Son</u>
Address..... <u>Thurmont, Md.</u>

19. (Date rec'd by registrar) <u>Oct-25-47</u>	Registrar <u>J. D. Lynn</u>
--	-----------------------------

MEDICAL CERTIFICATION	
20. DATE OF DEATH..... <u>October 22, 1947</u> at <u>6:30 AM</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Oct. 22</u> 19 <u>47</u> to <u>Oct. 22</u> 19 <u>47</u> and that I last saw him alive on <u>Oct. 1</u> 19 <u>47</u>	
Immediate cause of death..... <u>Heart disease, coronary occlusion</u>	DURATION..... <u>Sudden</u>
Other conditions..... <u>Alcoholism, periodic protracted intoxication</u> (Include pregnancy within 3 months of death)	<u>many years</u>
Major findings of operations.....	Date of op.
Autopsy results.....	PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide.....	Date of
Where did injury occur?..... (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	Injured at work?
Means of injury	
23. SIGNATURE..... <u>James S. McKissick</u>	M. D. or other <u>M.D.</u>
Address..... <u>Thurmont, Md.</u>	Date signed <u>10-25-47</u>

RECEIVED
OCT 29 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

09072

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
233½ North Market Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 233½ North Market Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

MARION SHRINER MOBERLY

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or wife Rena Kline
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 30, 1862

8. AGE: Years 85 Months 6 Days 22 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Court Librarian

11. Industry or business County Court House

12. Name Lewis H. Moberly

13. Birthplace Frederick, Maryland

14. Maiden name Catherine Shriner

15. Birthplace Frederick, Maryland

16. Informant Miss Jennie Moberly

Address 233½ N. Market St., Frederick, Md.

17. Burial 10/24/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 24 Oct 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22nd, 1947 at 1:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5th, 1947 to October 22, 1947 and that I last saw him alive on October 21st, 1947

Immediate cause of death Carcinoma
Head of the pancreas.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.

Address Frederick, Maryland M. or other 10-23-47
Date signed

RECEIVED
OCT 25 1947
F. B. I.

Evidence for the change of duration in
I. O. O. F. home is shown on
G 113 11/28/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09073

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years Months
Hospital, institution, or street address where death occurred:
I. O. O. F. Home
How long in hospital or institution? 4 years Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. I. O. O. F. Home
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

MARY EMMA MYERS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or Edward Myers
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1876
8. AGE: Years 71 Months 0 Days 8 If less than one day hrs. min.

9. Birthplace Betterton-Kent-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Thomas Bowers Tilden Brice
13. Birthplace Queen Ann County Maryland

MOTHER 14. Maiden name Anominta Bramble
15. Birthplace Fair Lake, Maryland

16. Informant I. O. O. F. Home Records
Address R. F. D. #1, Frederick, Md.

17. Removal 10/30/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Still Pond, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 29 Oct 1947 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29th 1947 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1947 to Oct 29 1947
and that I last saw him alive on Oct 28 1947

Immediate cause of death Hypostatic pneumonia DURATION 3 days

Due to Chronic bronchitis 4 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.
M. D. or other

Address Frederick, Maryland Date signed 10-29-47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 1 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09074

93d

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One hour

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? One hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Comus (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war _____ None

3. (a) FULL NAME

Mrs. Jean DeLashmutt Pearre

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife George A. Pearre-Jr.7. Birth date of deceased (mo., day, yr.) July ?- 18806. (c) If alive, give age 65 years8. AGE: Years Months Days If less than one day
67 ? ? _____ hrs. _____ min.9. Birthplace Martinsville, Illinois
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name William R. DeLashmutt13. Birthplace Frederick County, Maryland14. Maiden name Virginia Reich15. Birthplace Frederick County, Maryland16. Informant George A. PearreAddress Comus, Maryland17. Burial Date thereof Oct. 21-1947
(Burial, cremation, or other) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 20 Oct 1947 Elizabeth B. Hesch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18th 19 47 at 4:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 19 47 to Oct. 18 19 47and that I last saw her alive on Oct. 18 19 47Immediate cause of death Coronary Occlusion DURATION 4 daysDue to Coronary myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Wm. M. Smith M.D. M. D. or otherAddress Frederick Md. Date signed 10-20-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09075

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/10/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/10/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Williamsport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt. 2
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Vera Rook

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband ~~XXXX~~ Warner Rook

7. Birth date of deceased (mo., day, yr.) September 12, 1896 6. (c) If alive, give age 47 years

8. AGE: Years 51 Months 0 Days 29 If less than one day
 hrs. min.

9. Birthplace Williamsport, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name David Young13. Birthplace Williamsport, Md.14. Maiden name Annie Little15. Birthplace Williamsport, Md.16. Informant Deceased

Address

17. Burial Date thereof 10/14/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~XXXX~~ RiverviewLocation Williamsport, Maryland18. Funeral director Edith LeafAddress Williamsport, Maryland

19. Oct. 13 19 47
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 19 47 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 10 19 47 to Oct. 11 19 47
 and that I last saw him er alive on October 11 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 8 Mos.

~~XXXX~~ Bronchial Asthma 13 Yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. Saccin. M. D. ~~XXXX~~Address State Sanatorium, Md. Date signed 10/13/47

RECEIVED

OCT 15 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

09076

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Linden Hills

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)Street No. Linden Hills
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

SHARON ELIZABETH RUDY

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 19458. AGE: Years 2 Months 6 Days 5 If less than one day
.....hrs.min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Richard B. Rudy
13. Birthplace Middletown, Maryland14. Maiden name Helen Harshman
15. Birthplace Myersville, Maryland16. Informant Richard B. Rudy
Address R. F. D. #5, Frederick, Md.17. Burial Date thereof 10/31/47
(Burial, cremation or removal, which?) (month) (day) (year)Cemetery or crematory Lutheran Cemetery
Middletown, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 31-Oct 1947 Elizabeth B. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1947, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on dead 10.29 1947
and that I last saw him alive on 10.29 1947

Immediate cause of death

Fracturing of skull
No motion of brain

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10.29.47Where did injury occur? near Frederick, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury auto Injured at work? no23. SIGNATURE Richard B. Rudy M. D. or otherAddress Frederick Date signed 10.29.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 1 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09077

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Adamstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Adamstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SAMUEL LEVI RUNKLES

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Ida Sellman

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) January 9, 1857

8. AGE: Years 90 Months 9 Days 20 If less than one day
 hrs. min.

9. Birthplace Mount Airy-Carroll-Maryland
 (Town, county, and state)
Retired Farmer

10. Usual occupation.....

11. Industry or business

12. Name Basil Runkles
 13. Birthplace Mount Airy, Maryland

14. Maiden name Ellen Mentzer
 15. Birthplace Mount Airy, Maryland

18. Informant Mrs. Roy L. Fouche
 Address Adamstown, Maryland

17. Burial Prospect Cemetery Date thereof 10/31/47
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory.....

Location Near Mount Airy, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 31-Oct 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1947 at 8:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to 29 Oct. 1947
 and that I last saw him alive on 27 Oct. 1947

Immediate cause of death.....

Uremia

DURATION

2 hrs

Due to Arteriosclerotic Cardio-vascular renal disease

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?
 (City or town) (County) (State)

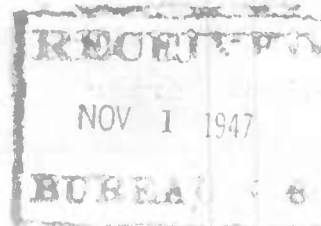
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE Charles H. Conley, M. D.

Frederick, Maryland Date signed 10-29-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

09078

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick P.O. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

Edgar Scott

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Fanny Whelan Scott

7. Birth date of deceased (mo., day, yr.)

September 6, 1892

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

25117

hrs.

min.

9. Birthplace

London Co. Virginia
(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

B+O R.R. Co

FATHER

12. Name

William Scott

13. Birthplace

Va.

MOTHER

14. Maiden name

Charles Sanders

15. Birthplace

Va.

16. Informant

Fannie Scott wife

Address

202 3rd Ave. Brunswick Md

17. (Burial, cremation, or removal, which?)

Burial

Date thereof

10 26 47
(month) (day) (year)

Cemetery or crematorium

Sunny Side Cemetery

Location

Jefferson, Md. H

18. Funeral director

C. H. Fute + Bro.

Address

Brunswick Maryland19. 25-Oct 1947

(Date rec'd by registrar)

Elizabeth G. Hecker

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 202 3rd Ave

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1947 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept - 1 1947 to Oct 23 1947and that I last saw him alive on 23 Oct 1947

Immediate cause of death

DURATION

Due to Acute Myocarditis

Due to

Other conditions Acute nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

Oct 25, 47

RECEIVED
OCT 28 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09079

145

1. PLACE OF DEATH:

County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 26 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

JOHN O. SHEPLEY

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Laura C. (Brandenburg) Shepley. 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) November 4, 1878
 8. AGE: Years 68 Months 11 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Wolfsville, Fred. Co., Md.
 (Town, county, and state)

10. Usual occupation Merchant
 11. Industry or business General Merchandise

FATHER 12. Name Lawson H. Shepley
 13. Birthplace Maryland

MOTHER 14. Maiden name Mary Toms
 15. Birthplace Maryland

16. Informant Elmer F. Shepley
 Address Myersville, Md.

17. Burial Burial Date thereof Nov. 1, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Paul's Lutheran
 Location Myersville, Md.

18. Funeral director Paul F. Bittle
 Address Myersville, Md.

19. Nov 1 19 47 B. Edgar Bittle Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 19 47 at 2:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 47, to Oct 30 19 47
 and that I last saw him alive on Oct 21 19 47

Immediate cause of death _____ DURATION _____
Cerebral Hemorrhage
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE E. H. Bittle M.D. or other _____
 Address Myersville, Md. Date signed 10-31-47

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NOV 4 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Frederick
 City or town Frederick C.F.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City Harpersville (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William C. Shoemaker

3. (b) Social Security Number

214-10-2157

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Sadie Harper
 7. Birth date of deceased (mo., day, yr.) Oct 6 - 1878 6. (c) If alive, give age 65 years
 8. AGE: Years 68 Months 11 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
 (Town, county, and state)

10. Usual occupation Doctor

11. Industry or business

12. Name James W. Shoemaker

13. Birthplace Frederick County

14. Maiden name Jeanette Blum

15. Birthplace Frederick County

16. Informant Mrs. Glen Stull

Address Frederick R.F.D.

17. Burial Date thereof Oct 6 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Wise

Location near Harpersville

18. Funeral director G. C. Barton

Address Walkersville

19. 4 Oct 19 47 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 19 47 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 19 47 to Oct 2 19 47 and that I last saw him alive on Oct 1 19 47

Immediate cause of death Uremia DURATION 1 wk.

Due to Rupture of Urethra & Extravasation of Urine 2 wks.

Due to Abscess of Urethra 2 wks. +

Other conditions Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations Jaundice of subcutaneous tissue of penis - scrotum - perineum Date of op. Sept 20

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank W. Worthington M. D. or other _____

Address Frederick - Ind. Date signed Oct 2 - 47

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 7 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09081

61

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 46 years
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? Since October 24, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 530 Trail Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

CARRIE MYRTLE SMITH

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife C. Frank Smith
 6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 11, 1889

8. AGE: Years 58 Months 6 Days 14
 If less than one day _____ hrs. _____ min.

9. Birthplace Biglerville, Pennsylvania
 (Town, county, and state)
 10. Usual occupation At Home

11. Industry or business

12. Name William Cronise13. Birthplace Pennsylvania14. Maiden name Alice Bramb15. Birthplace Pennsylvania

16. Informant C. Frank Smith
 Address 530 Trail Ave., Frederick, Md.

17. Burial Mount Olivet Cemetery
 (Burial, cremation, or removal, which?) Date thereof 10/27/47
 (month) (day) (year)

Cemetery or crematory Frederick, Maryland
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 27 Oct 1947 Elizabeth G. Hetch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25th 1947 at 6:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 1946 to Oct. 25 1947
 and that I last saw him alive on Oct. 25 1947

Immediate cause of death

Coronary Thrombosis

DURATION

18 hrs.

Due to _____

Due to _____

Other conditions Diabetes5 years

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

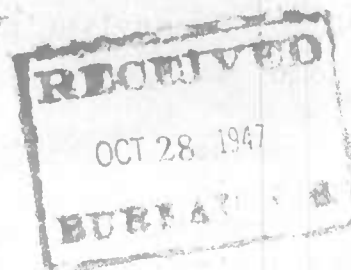
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-25-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d 09082

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles W. Smith

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Edith Norris

7. Birth date of deceased (mo., day, yr.)

1871

8. AGE:

76?

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Barber retired

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation or removal, which?)

Date thereof Oct. 19 1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

17-Oct-47
(Date rec'd by registrar)Elizabeth G. Hark
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1947 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Oct. 17 1947and that I last saw him alive on Oct. 16 1947

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. Hark
Frederick, Md.
Address Date signed 10/17/47

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OCT 18 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

09083

131b

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? Since October 3, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 108 East Fourth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME IDA MAY SMITH
 3. (b) Social Security Number None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife William W. Smith
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 29, 1869
 8. AGE: Years 77 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business _____

FATHER 12. Name Louis Smith
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Rachel Keller
 15. Birthplace Frederick County Maryland

16. Informant Emergency Hospital Records
 Address Frederick, Maryland - Rural

17. Burial 10/11/47
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
M. R. Etchison and Son
 18. Funeral director
 Address Frederick, Maryland

19. 10-Oct 47 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH October 9th 1947 at 11:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct-4 1947 to Oct-9 1947
 and that I last saw him alive on Oct-9 1947

Immediate cause of death Chronic Nephritis
Anemia

DURATION
1 year
5 days

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, pub'c place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Bernard Thomas M. D.
 Address Frederick, Maryland Date signed 10-9-47

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09084

Reg. Dist. No. 139

1. PLACE OF DEATH: County..... Frederick City or town..... State Sanatorium, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Since 2/3/47 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution?..... Since 2/3/47			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Frederick City or town..... Thurmont (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....		
3. (a) FULL NAME Elmer Clayton Speak			3. (b) Social Security Number 219-01-6820		
4. Sex Male			5. Color or race White		
6. (a) Single, married, widowed, or divorced Single			MEDICAL CERTIFICATION		
6. (b) Name of husband or wife 6. (c) If alive, give age years			2D. DATE OF DEATH October 28 .. 47 .. at 8:45A .. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3 .. 47 .. to Oct. 28 .. 47 .. and that I last saw him alive on October 28 .. 47 .. Immediate cause of death Pulmonary Tuberculosis DURATION 34 Mos.		
7. Birth date of deceased (mo., day, yr.) August 4, 1880			8. AGE: Years 67 Months 2 Days 24 If less than one day hrs. min.		
9. Birthplace Creagerstown, Md. (Town, county, and state)			Due to Due to Other conditions (Include pregnancy within 3 months of death)		
10. Usual occupation Laborer			Major findings of operations Date of op.		
11. Industry or business Charles Edward Speak			Autopsy results Performed 10/28/47 -Pulm. Tbc. .. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
12. Name Frederick County, Md.			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?.....		
13. Birthplace Margaret Jane Anders			23. SIGNATURE R. W. Baccin .. M. D. 10/28/47		
14. Maiden name Frederick County, Md.			Address..... State Sanatorium, Md. Date signed..... 10/28/47		
15. Birthplace Mrs. Charles Stitley (Sister.)			19. 10/28 .. 47 .. (Date rec'd by registrar)		
16. Informant Thurmont, Maryland			Registrar		
17. Burial (Burial, cremation, or removal. Which?) Date thereof..... Oct. 30, 1947 (month) (day) (year) Cemetery or crematory..... United Brethren Cem. Location..... Thurmont, Md.			18. Funeral director M. L. Creager & Son Address..... Thurmont, Maryland		

RECEIVED

OCT 30 1947

STANDARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

09085

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Day

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederickor town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Elda Evelyn Stambaugh

3. (b) Social Security Number

20

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 3-1916

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

301122

hrs.

min.

9. Birthplace Thurmont, Frederick Co. Md
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name Chas. Milton Stambaugh13. Birthplace Detour, Md14. Maiden name Olivia Gough15. Birthplace Thurmont, Md16. Informant Mrs C. Milton StambaughAddress Thurmont, Md17. Burial Date thereof Oct 28, 1947
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematorium United BrethrenLocation Thurmont, Md18. Funeral director M. L. Greager & SonAddress Thurmont, Md19. 27 Oct 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1947 at 11:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 24 1947 to October 25 1947
and that I last saw him alive on October 25 1947

Immediate cause of death

Chronic nephrosis

Due to

Diabetes Mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE A. A. Pearce, M.D. M. D. or otherAddress Frederick, Maryland Date signed 10/25/47

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OCT 28 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09086

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 712 North Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

NORA ANNA SNYDER STRUBE

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Arthur Strube

7. Birth date of deceased (mo., day, yr.)

September 15, 1876

6. (c) If alive, give age

72

years

8. AGE:

Years

Months

Days

It less than one day

71

0

27

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

Samuel Snyder

13. Birthplace

Frederick County Maryland

14. Maiden name

Jane Cutsail

15. Birthplace

Frederick County Maryland

16. Informant

Arthur Strube

Address

712 N. Mkt. St.-Frederick, Maryland

17.

Burial

Date thereof

Oct. 11-1947

(Burial, cremation or removal, when?)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C.E. Cline and Son

Address

Frederick, Maryland

19.

13 Oct 1947

1947

Elizabeth G. Hack

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... October 12th, 1947, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1947 to Oct. 12, 1947

and that I last saw him alive on Oct. 12, 1947

Immediate cause of death

DURATION

Acute Coronary Thrombosis. 1 day

Due to

Arteriosclerosis.

Due to

Rupture of Aorta. 6 hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Rupture of Aorta

Amputation of Right Leg

Date of op. Sept. 10, '47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Oram, M.D.

M. D. or other

Address

Frederick, Md.

Date signed 10/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
Shookstown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Shookstown
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

EMMA GERTRUDE STUP

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced W

6. (b) Name of husband Louis E. Stup

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 6, 1874

8. AGE: Years 73 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William D. Stone
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Ellen Crebbs
 15. Birthplace Frederick County Maryland

16. Informant Harry E. Stup
 Address R. F. D. #5, Frederick, Maryland

17. Burial Date thereof 10/17/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Rocky Springs Cemetery
 Location Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 15 Oct 47 Elizabeth G. Hetch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 15th 1947 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10th 1947 to October 11th 1947
 and that I last saw him alive on Oct 13th 1947
 Immediate cause of death Coronary Thrombosis
fracture of femur

DURATION

Due to fracture of femur
 Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Frank H. Hetch M. D.
 Address Frederick, Maryland Date signed 10-15-47

RECEIVED

OCT 17 1947

BUREAU # 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County **State Sanatorium, Maryland**
 City or town **Since 4/3/1944**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 4/3/1944**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 4/3/1944**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Allegheny**
 City or town **McCoole**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ☒

2.(a) If veteran, name war _____

3. (a) FULL NAME **Edward Wm. Taylor** 3. (b) Social Security Number **705-10-8560**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of ~~husband~~ wife **Rebecca Taylor**
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) **April 27, 1906**

8. AGE:	Years	Months	Days	If less than one day
	41	6	2	_____ hrs. _____ min.

9. Birthplace **Dawson, Maryland**
 (Town, county, and state)

10. Usual occupation **R.R. Yard Brakeman**

11. Industry or business _____

FATHER

12. Name **Jerry Taylor**

13. Birthplace **Adams County, Pa.**

MOTHER

14. Maiden name **Carrie Huff**

15. Birthplace **Maryland**

16. Informant **Deceased**
 Address _____

17. **Burial** Date thereof **Nov. 2, 1947**
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory **Dawson Cemetery**
 Location **Dawson, Md.**

18. Funeral director **N.L. Rogers Funeral Director**
 Address **Keyser, W.D.**

19. **Oct. 30** 19 **47**
 (Date rec'd by registrar) Registrar **J. B. Baker**

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 29** 19 **47** at **3:45 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 3** 19 **44** to **Oct. 29** 19 **47** and that I last saw him alive on **October 29** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **54 Mos.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE **R. W. Baker** M. D. **XXX**
 Address **State Sanatorium, Md.** Date signed **10/30/47**

RECEIVED

NOV 4 1947

BUREAU 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09089

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #1

(If rural, give LOCATION)

2. (a) If veteran, name war Second World War

3. (a) FULL NAME

Frank Toms.

3. (b) Social Security Number

214-14-67154. Sex Male 5. Color or race White 8. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 23, 1922 8. (c) If alive, give age 19 years8. AGE: Years 25 Months 2 Days 29 If less than one day hrs. min.9. Birthplace Mt. Zion, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business Potomac Edison Co.12. Name Raymond H. Toms.13. Birthplace Wolfsville, Md14. Maiden name Lucy B. Cline.15. Birthplace Foxville, Md.16. Informant Mrs. Raymond H. TomsAddress Thurmont, Md. R.D.I17. Burial Date thereof Oct. 24, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Bethel.Location Near Garfield, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Oct. 23 19 47 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 19 47 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead on Oct 22 19 47Immediate cause of death Crushing of skulllaceration of brain

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10.22.47Where did injury occur? Near Thurmont, Frederick Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 15 U.S.Means of injury Truck Injured at work? no23. SIGNATURE R. W. Barr Ex. 1
M. D. or otherAddress Frederick, Md. Date signed 10.22.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 24 1947

FBI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09090

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Murray S. Wachter
 4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife
 6.(c) It alive, give age. years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1883

8. AGE: Years 64 Months 8 Days 5 It less than one day hrs. min.

9. Birthplace Walkersville, Fred. co., md.
 (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

12. Name Lycurgus m. Wachter
 13. Birthplace Frederick co.

14. Maiden name Martha Ellen Longman
 15. Birthplace Frederick co.

16. Informant Mrs. Lillian Mumma
 Address Pittsburg Pa.

17. Burial Date thereof Oct. 29, 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory mt. Olivet
 Location Frederick, md.

18. Funeral director G. C. Barton
 Address Walkersville, md.

19. 27-Oct 1947 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

212-14-6989

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1947 at 12:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1945 1945 to Oct 26 1947 and that I last saw him alive on Oct 25 1947

Immediate cause of death apoplexy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Osterday

Address Walkersville, Md. Date signed Oct 26, 47

RECEIVED
OCT 28 1947
BUREAU 9 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09091

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

CHARLES HENRY WHIMBS

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of ~~husband~~ or wife Dora Bowie6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) January 9, 1855

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>8</u>	<u>27</u>	_____ hrs. _____ min.

9. Birthplace Montgomery County Maryland
(Town, county, and state)10. Usual occupation Farm Laborer

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. C. H. WhimbsAddress Buckeystown, Maryland17. Burial Date thereof 10/8/47
(Burial, cremation, or removal, whichever)Cemetery or crematory St. Josephs CemeteryLocation Near Buckeystown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 6 Oct 19 47 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 October 19 47 at 12:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 October 19 47 to 6 October 19 47 and that I last saw him alive on 5 October 19 47Immediate cause of death Cerebral Hemorrhage

DURATION

2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Conley M.D.Address Frederick, Maryland Date signed 6 Oct. 1947

RECEIVED
OCT 8 1947
BUREAU 9 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Braddock Heights, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

BRADLEY E. WILES

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Virgie Measell Wiles

7. Birth date of deceased (mo., day, yr.) October 8, 1873 6. (c) If alive, give age _____ years

8. AGE: Years 73 Months 11 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Lewistown, Frederick County, Md.
(Town, county, and state)

10. Usual occupation Attendant Supervisor-Kemp Hall Bldg.

11. Industry or business

12. Name Americas G. P. Wiles

13. Birthplace Lewistown, Maryland

14. Maiden name Sarah Hummer

15. Birthplace Lewistown, Maryland

18. Informant Dr. A. G. D. Wiles

Address Charleston, S. C.

17. Burial Date thereof October 4, 1947
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Nr. Lewistown, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 3 Oct 19 47 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2nd 19 47 at 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30 19 47 to Oct 2 19 47 and that I last saw him alive on Oct 2 19 47

Immediate cause of death uremia DURATION 6 days

Due to parenchymatous Due to nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE BO Thomas M. D. or other _____

Address Frederick, Md Date signed 10/3/47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 7 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09093

Reg. Dist. No. 139

1. PLACE OF DEATH: County Frederick City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 9/25/47 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 9/25/47	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County _____ City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 910 N. Augusta Ave. (If rural, give LOCATION) 2.(a) If veteran, name war _____
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3. (a) FULL NAME Christine Zorbis	3. (b) Social Security Number
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4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband xxx Angelo Zorbis		
6. (c) If alive, give age. 23 years		
7. Birth date of deceased (mo., day, yr.) December 25, 1922		

8. AGE:	Years	Months	Days	It less than one day
	24	10	5	hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
--

10. Usual occupation Housewife

11. Industry or business

FATHER	12. Name Harry Karavedas
	13. Birthplace Greece

MOTHER	14. Maiden name Ethel ?
	15. Birthplace Greece

16. Informant
Address

17. Burial	Date thereof November 3 1947
(Burial, cremation, or removal. Which?)	(month) (day) (year)
Cemetery or crematory Baltimore Md. - Woodlawn	

Location Greek Evangelismos

18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland Baltimore

19. 11/1	19. 47	Registrar J. W. Ryan
(Date rec'd by registrar)		

MEDICAL CERTIFICATION	
20. DATE OF DEATH October 30	19 47 at 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 19 47 to Oct. 30 19 47 and that I last saw h. er alive on October 30 19 47

Immediate cause of death Pulmonary Tuberculosis	DURATION 7 Mos.
--	------------------------

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide	Date of
--------------------------------	---------

Where did injury occur?	(City or town)	(County)	(State)
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Injured at home, farm, industry, public place (where?)
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Means of injury	Injured at work?
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23. SIGNATURE R. W. Ryan	M. D. xxxxx
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Address State Sanatorium, Md.	Date signed 11/1/47
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RECEIVED

NOV 4 1947

BUREAU